

57192

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

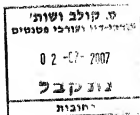
Shlomo Ben-Haim et al. : Confirmation No.: 9326

Application No.: 10/561,491 : Group Art Unit: 3762

Filing Date: December 20, 2005

Title: **Gastrointestinal Methods And Apparatus
For Use In Treating Disorders**

Mail Stop: *Missing Parts*
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



STATEMENT OF ADDITIONAL INVENTORS

S I R:

We are each a co-inventor of the subject matter described and claimed in U.S. Patent Application Serial No. 10/561,491, filed December 20, 2005;

Although we were each not initially named as a co-inventor of said patent application, we each should have been so named; and

The error in inventorship occurred without deceptive intent on our part.




Tami Harel

27/5/07

Date

Ophir Bitton

Date



Benny Rouso

6-March-2007

Date

Tami Harel

Date

[Signature]
Ophir Bitton

12-02-07
Date

Benny Rousso

Date

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted With Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	MET095.233410
First Named Inventor	Shlomo BEN-HAIM
COMPLETE IF KNOWN	
Application Number	10/561,491
Filing Date	December 20, 2005
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GASTROINTESTINAL METHODS AND APPARATUS FOR USE IN TREATING DISORDERS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 20 June 2004 as United States Application Number or PCT International

Application Number PCT/IL2004/000550 and was amended on (MM/DD/YYYY) 12/20/2005 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

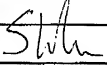
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> The address associated with Customer Number: 54042		OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	ZIP
Country	Telephone		Email
WARNING:			
<p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identify them. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.</p>			
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Shlomo		BEN-HAIM	
Inventor's Signature 			Date 30/5/06
Residence: City	State	Country	Citizenship
Caesarea		Israel	Israel
Mailing Address			
8 Efron Street			
City	State	Zip	Country
Caesarea		38900	Israel
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1. supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

PTO/SB/02A (05-04)
 Approved for use through 07/31/2006. GMS 0651-6032
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid GMS control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
Page 1 of 1	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Shai		POLICKER	
Inventor's Signature: <i>[Signature]</i>		Date: 2/5/06	
Moshe Zur Moshe	State	Israel	Israel
Residence: City		Country	Citizenship
Mailing Address			
Moshe Zur Moshe	State	42510	Israel
City		Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ricardo		AMV	
Inventor's Signature: <i>[Signature]</i>		Date: 11/5/06	
Halla	State	Israel	Israel
Residence: City		Country	Citizenship
1171 Sunset Street			
Mailing Address			
Halla	State	34525	Israel
City		Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Oler		GLASSBERG	
Inventor's Signature: <i>[Signature]</i>		Date: 9/5/06	
Halla	State	Israel	Israel
Residence: City		Country	Citizenship
5 Farop Street			
Mailing Address			
Halla	State	32447	Israel
City		Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.53. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 31 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

PTO/SB/02A (09-04)

Approved for use through 07/01/2006. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Tami		HAREL	
Inventor's Signature		Date 10/2/00	
Residence: City	State	Israel	Israel
Haifa		Country	Citizenship
6 Hatzolelet Street			
Mailing Address			
Haifa		34862	Israel
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ophir		BITTON	
Inventor's Signature		Date 08-06-06	
Zichron Yaacov		Israel	Israel
Residence: City	State	Country	Citizenship
1 Hadvora Street			
Mailing Address			
Zichron Yaacov		30900	Israel
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Benny		ROUSSO	
Inventor's Signature		Date 2/6/06	
Rishon le Zion		Israel	Israel
Residence: City	State	Country	Citizenship
12 Henry Bergsovel Street, Kiriat Hatanei Nobel, Rishon le Zion 35935			
Mailing Address			
Rishon le Zion		35935	Israel
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application forms to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-6129 (1-800-786-6129) and select option 2.

PTO/SB/1 (04-05)
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**POWER OF ATTORNEY
 and
 CORRESPONDENCE ADDRESS
 INDICATION FORM**

Application Number 10/551,491
 Filing Date December 20, 2005
 First Named Inventor Shimon BEN-HAIM
 Title GASTROINTESTINAL METHODS...
 Art Unit not assigned
 Examiner Name not assigned
 Attorney Dockel Number MET095.233410

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

54042

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

054042

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am that:

☒ Applicant/Inventor.

☐ Assignor of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignor of Record

Signature *Isht Harel* Date 10/20/05
 Name Isht Harel Telephone
 Title and Company Y

NOTE: Signatures of all the inventors or assignors of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This extension of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1458, Alexandria, VA 22312-1458. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1458, Alexandria, VA 22312-1458.

If you need assistance in completing the form, call 1-800-PTO-9190 and select option 2.

PTO/SB/81 (04-03)
 Approved for use through 11/30/2005. CMB 0651-0025
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**POWER OF ATTORNEY
 and
 CORRESPONDENCE ADDRESS
 INDICATION FORM**

Application Number	10/581,491
Filing Date	December 20, 2005
First Named Inventor	Shlomo BEN-HAIM
Title	GASTROINTESTINAL METHODS...
Art Unit	not assigned
Examiner Name	not assigned
Attorney Docket Number	MET055.233410

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

54042

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☒ The address associated with Customer Number:

054042

OR

☐ Firm or
 Individual Name
 Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.72(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Uphir Bitton

Date

06-08-06

Name

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22319-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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**POWER OF ATTORNEY
 and
 CORRESPONDENCE ADDRESS
 INDICATION FORM**

Application Number: 10/561,461
 Filing Date: December 20, 2005
 First Named Inventor: Shlomo BEN-HAIM
 Title: GASTROINTESTINAL METHODS...
 Art Unit: not assigned
 Examiner Name: not assigned
 Attorney Bracket Number: MET095.233410

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

54042

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

054042

OR

☐ Firm or
 individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.72(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Signature

Name: Benny Rouso

Date

2/24/06

Title and Company

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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